

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 192  
Registered No. 456

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Santiago Gutierrez  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 7. Date of birth Dec. 30, 1925  
Month Day Year

8. FATHER Full name Gregorio Gutierrez 14. MOTHER Full maiden name Matiana Gallegos  
9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 50 (Years) 16. Color or race Mex. 17. Age at last birthday 40 (Years)

12. Birthplace (city or place) Jalisco, Mex. 18. Birthplace (city or place) Jalisco, Mex.  
(State or country)

13. Occupation Nature of Industry Miner 19. Occupation Nature of Industry Housewife

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 10 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 4 A. m. on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Lynell M. Brown M.D. Physician  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year

Registrar \_\_\_\_\_ Filed Jan 24, 1926 B. E. Drin Registrar

1230-472